

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> <b>FRIENDS OF CONGRESSMAN STEVE STOCKMAN</b>																							
<b>ADDRESS</b> (number and street) PO BOX 57135																							
<b>CITY, STATE, and ZIP CODE</b> WEBSTER TX 77598																							
<b>2. NAME OF CANDIDATE</b> STEVE STOCKMAN		<b>3. OFFICE SOUGHT</b> (State and District) House TX 36																					
<b>4. FEC IDENTIFICATION NUMBER</b> C00518241																							
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;"> <b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>            CHARLES S. KNOBLOCH             1519 MISSION SPRINGS             KATY TX 77450         </td> <td style="width: 20%; padding: 5px;">           Name of Employer            INFORMATION REQUESTED   <b>Transaction ID : F6.4770</b>            Occupation            INFORMATION REQUESTED         </td> <td style="width: 15%; padding: 5px;">           Date (month, day, year)             07/24/2012         </td> <td style="width: 20%; padding: 5px;">           Amount             2000.00         </td> </tr> <tr> <td style="padding: 5px;"> <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>            DEAN LAWTHER             P.O. BOX 430             DEER PARK TX 77536         </td> <td style="padding: 5px;">           Name of Employer            INFORMATION REQUESTED   <b>Transaction ID : F6.4771</b>            Occupation            INFORMATION REQUESTED         </td> <td style="padding: 5px;">           Date (month, day, year)             07/24/2012         </td> <td style="padding: 5px;">           Amount             2000.00         </td> </tr> <tr> <td style="padding: 5px;"> <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>            DEAN LAWTHER             P.O. BOX 430             DEER PARK TX 77536         </td> <td style="padding: 5px;">           Name of Employer            INFORMATION REQUESTED   <b>Transaction ID : F6.4772</b>            Occupation            INFORMATION REQUESTED         </td> <td style="padding: 5px;">           Date (month, day, year)             07/24/2012         </td> <td style="padding: 5px;">           Amount             2000.00         </td> </tr> <tr> <td style="padding: 5px;"> <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> </td> <td style="padding: 5px;">           Name of Employer              Occupation         </td> <td style="padding: 5px;">           Date (month, day, year)         </td> <td style="padding: 5px;">           Amount         </td> </tr> <tr> <td style="padding: 5px;"> <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> </td> <td style="padding: 5px;">           Name of Employer              Occupation         </td> <td style="padding: 5px;">           Date (month, day, year)         </td> <td style="padding: 5px;">           Amount         </td> </tr> </table>				<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> CHARLES S. KNOBLOCH  1519 MISSION SPRINGS  KATY TX 77450	Name of Employer INFORMATION REQUESTED  <b>Transaction ID : F6.4770</b> Occupation INFORMATION REQUESTED	Date (month, day, year)  07/24/2012	Amount  2000.00	<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> DEAN LAWTHER  P.O. BOX 430  DEER PARK TX 77536	Name of Employer INFORMATION REQUESTED  <b>Transaction ID : F6.4771</b> Occupation INFORMATION REQUESTED	Date (month, day, year)  07/24/2012	Amount  2000.00	<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> DEAN LAWTHER  P.O. BOX 430  DEER PARK TX 77536	Name of Employer INFORMATION REQUESTED  <b>Transaction ID : F6.4772</b> Occupation INFORMATION REQUESTED	Date (month, day, year)  07/24/2012	Amount  2000.00	<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer   Occupation	Date (month, day, year)	Amount	<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer   Occupation	Date (month, day, year)	Amount
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<b>SIGNATURE (optional)</b> JON NOLTIE  <div style="text-align: right;">[Electronically Filed]</div>		<b>DATE</b> 07/25/2012	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																				

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 07/2011)